

AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERISUnited States Court of Appeals
for the Seventh CircuitJAN 28 2008 *new*MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTSAM CookB-39841) Appeal from the United States District Court for the
) NORTHERN District of Illinoisv. Case No. 07 C 6851) District Court No. 07 C 6851TERRY McCANN) District Court Judge MILTON SHADUR

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Sam Cook

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 1-16-2008

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$0.00	\$0.00	\$00	\$
Self-employment	\$0.00	\$0.00	\$	\$
Income from real property (such as rental income)	\$0.00	\$0.00	\$	\$
Interest and dividends	\$0.00	\$0.00	\$	\$
Gifts	\$0.00	\$0.00	\$	\$
Alimony	\$0.00	\$0.00	\$	\$
Child support	\$0.00	\$0.00	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$0.00	\$0.00	\$	\$
Disability (such as social security, insurance payments)	\$0.00	\$0.00	\$	\$
Unemployment payments	\$0.00	\$0.00	\$	\$
Public-assistance (such as welfare)	\$0.00	\$0.00	\$	\$
Other (specify):	\$0.00	\$0.00	\$	\$
Total monthly income:	\$0.00	\$0.00	\$	\$

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA			
NA			
NA			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA			
NA			
NA			

4. How much cash do you and your spouse have? \$0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
NA			
NA			
NA			

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
NA		Make & year: _____
NA		Model: _____
NA		Registration # _____
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: NA		
Model: NA		
Registration # NA		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NA		
NA		
NA		

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
NA		
NA		
NA		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ 0.00	\$ NA
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$
Home maintenance (repairs and upkeep)	\$ 0.00	\$
Food	\$ 0.00	\$
Clothing	\$ 0.00	\$
Laundry and dry-cleaning	\$ 0.00	\$
Medical and dental expenses	\$ 0.00	\$
Transportation (not including motor vehicle expenses)	\$ 0.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$ 0.00	\$

Health	\$ 0.00	\$ NA
Motor vehicle	\$ 0.00	\$
Other: _____	\$ 0.00	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0.00	\$
Installment payments	\$ 0.00	\$
Motor Vehicle	\$ 0.00	\$
Credit card (name): _____	\$ 0.00	\$
Department store (name): _____	\$ 0.00	\$
Other: _____	\$ 0.00	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$
Regular expenses for operation of business, profession, or farm (attach detail)	\$ 0.00	\$
Other (specify): _____	\$ 0.00	\$
Total monthly expenses:	\$ 0.00	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet

10. Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid or will you be paying anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes [X] No If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I have no money

13. State the address of your legal residence.

Stateville ~~State~~ Correctional Center
PO Box 112
Joliet Ill 60434

Your daytime phone number: () _____

Your age: 43 Your years of schooling: 12

Your social-security number: 357-54-1568

CERTIFICATE

(TO BE COMPLETED FOR PRISONERS ONLY. THIS IS A STATEMENT BY THE PRISON AND NOT THE PRISONER)

I hereby certify that the plaintiff or petitioner in this action has the sum of \$.03 in his trust fund account at this correctional center where is confined. I further certify that the plaintiff or petitioner has the following securities to his credit according to the records of this institution: Stateville C.C.

Jeanette Desu
Authorized Officer

Stateville C.C.
Institution

Accountant
Title

1-16-08
Date

IMPORTANT:

THIS CERTIFICATE MUST BE ACCOMPANIED BY A COPY OF A SIX MONTH LEDGER OF THE PLAINTIFF'S TRUST FUND ACCOUNT.

Time: 11:00am

Stateville Correctional Center

Trust Fund

d_list_inmate_trans_statement_composite

Inmate Transaction Statement

REPORT CRITERIA - Date: 08/01/2007 thru End: Inmate: B39841; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
 Balance Errors Only ? : No

Inmate: B39841 Cook, Sam

Housing Unit: STA-D -03-38

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							18.20
08/07/07	Point of Sale	60 Commissary	2197150	501854	Commissary	-18.04	.16
08/08/07	Payroll	20 Payroll Adjustment	2201148		P/R month of 07/2007	.00	.16
08/29/07	Mail Room	01 MO/Checks (Not Held)	2412164	254203593	Cook, Melsie	40.00	40.16
09/06/07	Mail Room	01 MO/Checks (Not Held)	2492164	P1056701	Cook, Milsie	50.00	90.16
09/13/07	Payroll	20 Payroll Adjustment	2561148		P/R month of 08/2007	.75	90.91
09/17/07	Point of Sale	60 Commissary	2607137	506390	Commissary	-87.44	3.47
09/24/07	Point of Sale	60 Commissary	267781	507660	Commissary	-3.22	.25
10/09/07	Payroll	20 Payroll Adjustment	282190		P/R month of 09/2007	6.00	6.25
10/11/07	Point of Sale	60 Commissary	2847137	509763	Commissary	-6.08	.17
10/15/07	Disbursements	84 Library	288390	Chk #136656	J1009494, DOC: 523 Fund Librar, Inv. Date: 10/09/2007	-.15	.02
11/12/07	Payroll	20 Payroll Adjustment	316190		P/R month of 10/2007	14.40	14.42
11/14/07	Disbursements	84 Library	318390	Chk #137102	C1105212, DOC: 523 Fund Librar, Inv. Date: 11/05/2007	-1.00	13.42
11/14/07	Disbursements	84 Library	318390	Chk #137102	C1105222, DOC: 523 Fund Librar, Inv. Date: 11/05/2007	-2.00	11.42
11/14/07	Point of Sale	60 Commissary	3187142	513509	Commissary	-11.34	.08
12/12/07	Payroll	20 Payroll Adjustment	346190		P/R month of 11/2007	6.75	6.83
12/14/07	Mail Room	10 Western Union	348200	0398292772	COOK, MISLE	50.00	56.83
12/14/07	Disbursements	84 Library	348390	Chk #137609	J1127338, DOC: 523 Fund Inmate, Inv. Date: 11/27/2007	-2.80	54.03
12/16/07	Mail Room	10 Western Union	350200	3286256205	RILEY, THOMAS	25.00	79.03
12/18/07	Disbursements	80 Postage	352390	Chk #137727	g1218101, DOC: 523 Fund Inmate, Inv. Date: 12/18/2007	-1.13	77.90
12/19/07	Point of Sale	60 Commissary	3537137	518428	Commissary	-55.60	22.30
12/28/07	Disbursements	84 Library	362390	Chk #137928	J1225688, DOC: 523 Fund Librar, Inv. Date: 12/25/2007	-.15	22.15
01/03/08	Point of Sale	60 Commissary	003783	519622	Commissary	-22.12	.03
01/08/08	Mail Room	01 MO/Checks (Not Held)	0082164	P1073125	Reynolds, Hade	15.00	15.03
01/09/08	Payroll	20 Payroll Adjustment	009190		P/R month of 12/2007	8.25	23.28
01/14/08	Point of Sale	60 Commissary	014783	521184	Commissary	-23.25	.03

Total Inmate Funds: .03

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: .03

Total Furloughs: .00

Total Voluntary Restitutions: .00